MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)	10/574342	

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT				AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51						
2		/						52						
3		/						53						
4		/						54						
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46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2						TOTAL IND.							
TOTAL DEP.	14						TOTAL DEP.							
TOTAL CLAIMS	16						TOTAL CLAIMS							